



Department of Health Services
Public Hearing
2015–2017 State Budget, Act 55
Provisions Regarding
Family Care/IRIS (Include, Respect, I
Self-Direct) 2.0

September 2015



Purpose of Public Hearing

- The 2015–2017 State Budget, Act 55 directs the Department of Health Services (DHS) to make a number of changes to the Family Care and IRIS Programs.
- Act 55 directs DHS to hold two public hearings to collect public input.
- DHS is holding eight public hearings throughout the state in September 2015.



Public Hearing Format

- Long-term care in Wisconsin
- The Family Care and IRIS programs today
- Overview of Act 55 requirements
- Goals of the reform
- Timeline: an overview
- Core principles
- What remains the same
- Public testimony
 - Please register, 3 minute limit



Long-Term Care in Wisconsin

- History of leading the nation in managed long-term care with the Family Care Program
- Considered a leader in self-directed care with the IRIS Program



The Family Care Program Today

- DHS contracts with managed care organizations (MCOs)
- MCOs develop a network of providers
- MCO care teams help identify individual needs and coordinates services
- Option for self-direction
- Risk-based capitation
- Acute and primary care are fee for service (FFS)
 - PACE and Partnership are integrated models

www.dhs.wisconsin.gov/familycare/



The IRIS Program Today

- Fully self-directed, long-term care model
- Full budget authority of the long-term care budget
- Full employer authority of long-term care providers
- IRIS consultant for every person to help navigate the program
- IRIS fiscal employer agent to process payroll and tax paperwork
- Acute, primary, and behavioral health services obtained through fee for service (FFS)

www.dhs.wisconsin.gov/iris/



Major Requirements of Act 55

DHS is to propose changes to the Family Care and IRIS programs:

- Provide long-term, acute, and primary care services through regional, integrated health agencies (IHAs).
- Develop service regions larger than current long-term care regions.

Note: *The Office of the Commissioner of Insurance (OCI) considers IHAs to be doing the business of insurance and therefore, State insurance law requires all IHAs to be licensed insurers.*



Major Requirements of Act 55, Continued

DHS is to propose changes to the Family Care and IRIS Programs:

- Require IHAs to offer a consumer-directed option with the same services as the current IRIS Program.
- Consult with stakeholders.
- Submit concept paper to Legislature.
- Submit request to federal government.



Goals of the Reforms

- Family Care/IRIS 2.0 with no waitlists.
- Allow consumers a choice of IHAs in every region.
- Consumer choice ranging from full self-direction to full managed care for long-term care services and supports.
- Primary, acute, and behavioral health care will be managed and coordinated.
- Integration of medical and long-term care services, with a focus on the whole person, improving the quality of health care and life of the consumer.



What Remains the Same

- No change in eligibility.
- The current range of benefits is unchanged.
- The right to live independently, with dignity and respect.
- Personal choice, self-determination, and person-centered care.
- Provider choice in the communities where you live.
- The ability to self-direct all current IRIS services.



What Remains the Same, Continued

- The focus on natural supports and connections to family, friends, and community
- Person-centered plans developed in the most cost-effective manner possible
- Appeal and grievance rights
- Ombudsman services for all enrollees
- The right to receive independent and unbiased enrollment counseling



Continuous Quality Commitment

- Rigorous oversight by DHS staff
- Strong contractual obligations for vendors and providers
- Transparent policy and procedures
- Quality reviews
- Appeals and grievance processes
- Ombudsman services



Timeline

Implement statewide by January 2017
or a later date set by DHS.

| Date | Milestone |
|---------------------------|--------------------------------------|
| Fall 2015 | Solicit public input. |
| First Quarter 2016 | Draft concept plan. |
| April 1, 2016 | Submit concept plan to Legislature. |
| Upon Legislative Approval | Draft waiver request. |
| July 1, 2016 | Release waiver for public comment. |
| September 30, 2016 | Submit waiver to federal government. |



Public Testimony

- DHS seeks general advice and counsel on Family Care/IRIS 2.0.
- Verbal testimony is limited to 3 minutes.
- Written testimony may be submitted through October 30, 2015 (see last slide for details).



Public Testimony

Website address:

www.dhs.wisconsin.gov/familycareiris2/index/htm

Email testimony: DHSFCWebmail@wisconsin.gov

Mail testimony:

Department of Health Services

Division of Long Term Care

P.O. Box 7851, Room 550

Madison, WI 53707-7851



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Please sign up for our distribution list.

1. Visit the Family Care/IRIS 2.0 website at:
www.dhs.wisconsin.gov/familycareiris2/index.htm
2. Click on [Keep Me Posted](#).

Thank you!